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28075 7590 10/19/2009
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Kathleen L. Bookley	(Depositor's name)
<i>Kathleen L. Bookley</i>	(Signature)
January 19, 2010	
(Date)	

APPLICATION NO.	FILED DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/016,429	04/01/2004	Todd A. Berg	1001.1217103	8806

TITLE OF INVENTION: GUIDE CATHETER HAVING SELECTED FLEXURAL MODULUS SEGMENTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	01/19/2010
EXAMINER	ART UNIT	CLASS-SUBCLASS				

HUSON, MONICA ANNE 1791 264-139000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.53).	2. For printing on the patent front page, list: (1) the name of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	CROMPTON, SEAGER & TUFT, LLC
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	2. _____	3. _____
<input checked="" type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO-847; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		

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(A) NAME OF ASSIGNEE

Boston Scientific Scimed, Inc.

Maple Grove, Minnesota

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:	4b. Payment of Fee(s) (Please first reapply any previously paid issue fee shown above)
<input checked="" type="checkbox"/> Issue Fee	<input type="checkbox"/> A check is enclosed.
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Authorized Signature 

Date 1/17/2010

Typed or printed name J. Scott Wickham

Registration No. 41,376

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